

Name  
in  
Full

James Chambers.

10  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at John Parsons wh.		Town Calvert		County Maryland	
Date of death 1905	Month May	Day 27	Age 74	Years	Months — Days —
Sex Male	Color or Race white	Birth-place Calvert Co			
Occupation Postler Mason	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/> <input type="checkbox"/> Widower	Name of Wife or Husband Mary E. Jones				
Father's Name Geo. Chambers	Father's Birthplace Calvert				
Mother's Maiden Name Julie Anna Greene	Mother's Birthplace Calvert				
Name of person giving Information Mary E. Chambers	How related to deceased wife				

CAUSES OF DEATH

Primary ~~Pistol shot. (Suicide)~~ (59) How long

Immediate ~~Cerebr. Hemorrhage~~ How long  
1 1/2 hours.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?  
Yes

Signature of  
Physician

Address

Chub Buscar  
Mutine  
MD

Accident or Suicide?



Name  
in  
Full

L. Jackson Chase

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Huntington</u>		Town	County <u>Calvert</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>11</u>	Age <u>1</u>	Years	Months <u>2</u>	Days <u>27</u>
Sex <u>male</u>	Color or Race <u>Negro</u>		Birth-place <u>Cal. Co.</u>			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		Cal. Co.	
Father's Name	<u>General Chase</u>		Mother's Birthplace		" "	
Mother's Maiden Name	<u>Eliya Hallard</u>		How related to deceased		Father	
Name of person giving information	<u>General chase</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Malaria 1 year  
How long 1 year

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

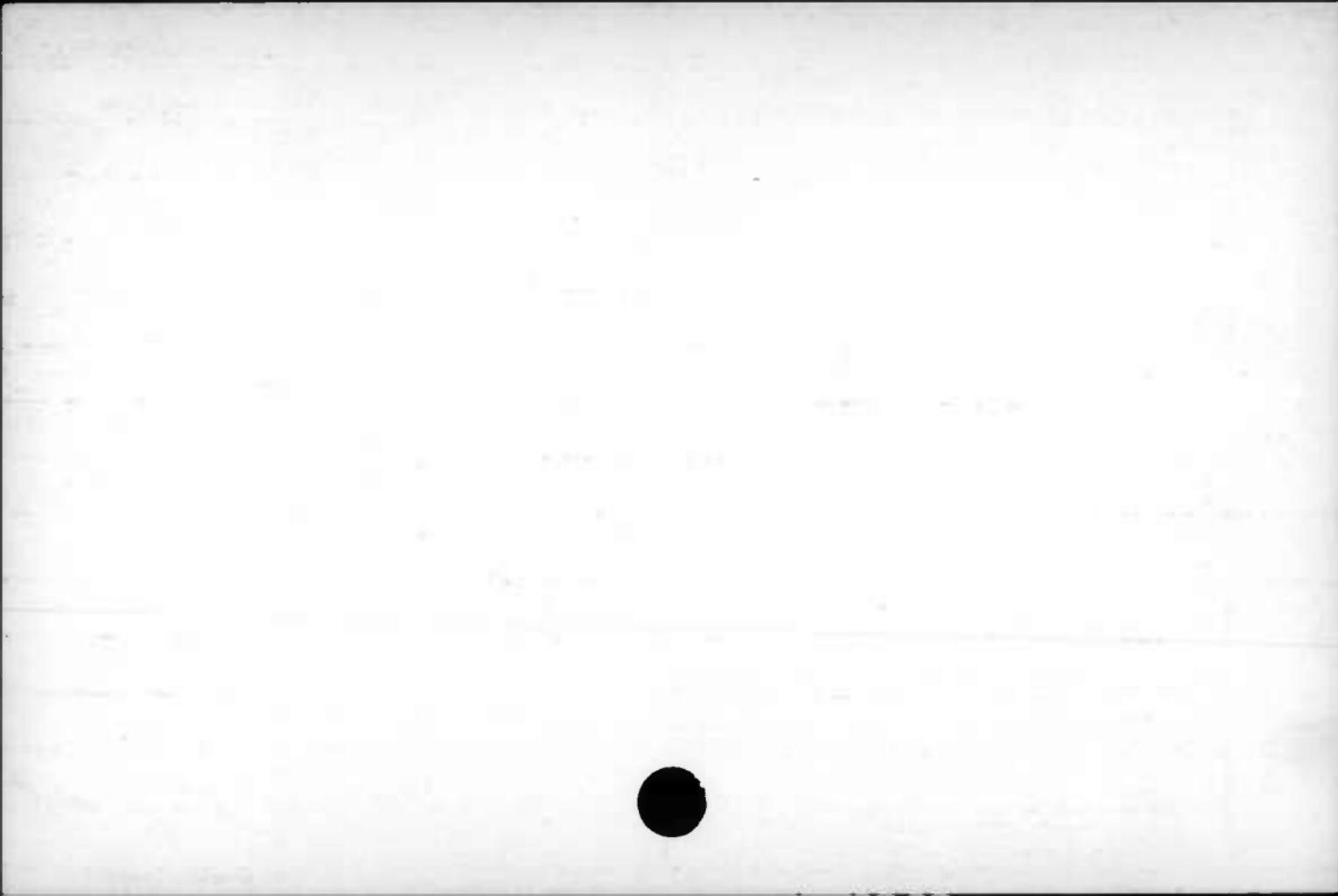
yes

Signature of Physician

Address

J.W. Leitch  
Huntington

Accident or Suicide?



Name  
in  
Full

Mary Chase

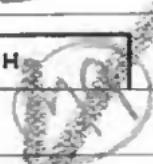
CERTIFICATE OF DEATH

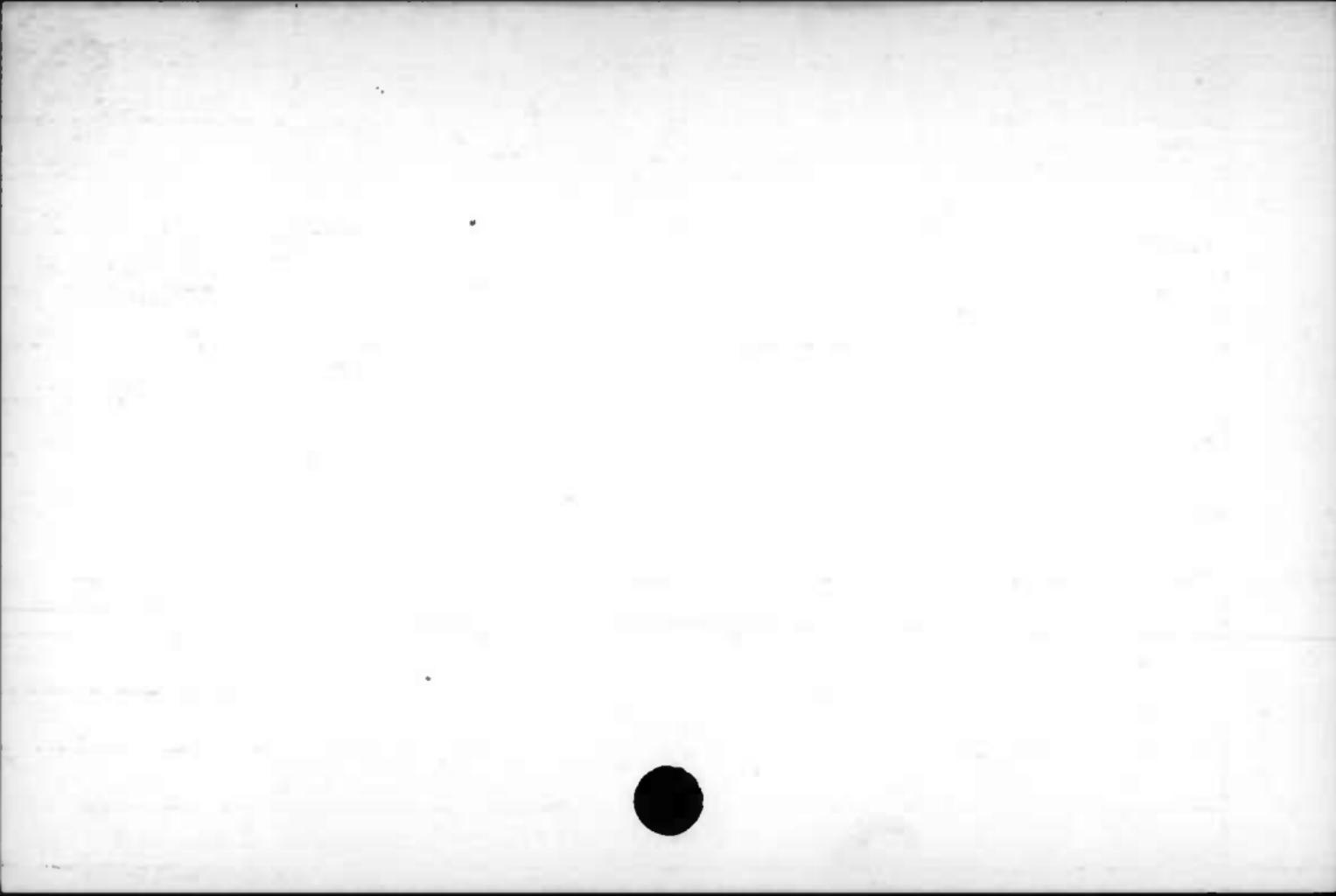
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Huntingtown</u> <span style="float: right;">Town</span>			County <u>Calvert</u> <span style="float: right;">County</span>			<b>MARYLAND</b>	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>17</u>	Age <u>80</u>	Years	Months		
Sex <u>Female</u>	Color or Race <u>black</u>				Birth-place <u>Cal. Leo</u>		
Occupation			Where Residing if not at place of death <u>Harrison Gomans</u>				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<u>Not obtainable</u>		Father's Birthplace			
Mother's Maiden Name		<u>Not obtainable</u>		Mother's Birthplace			
Name of person giving information		<u>Holiday Blake</u>		How related to deceased <u>Mother in law</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Asthma</u>		How long <u>Two</u>
Immediate <u>Dilatation of Heart &amp; Damp</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J.W. Leitch</u>	
	Address <u>Huntingtown</u>	
Accident or Suicide?		



Eveline Gray

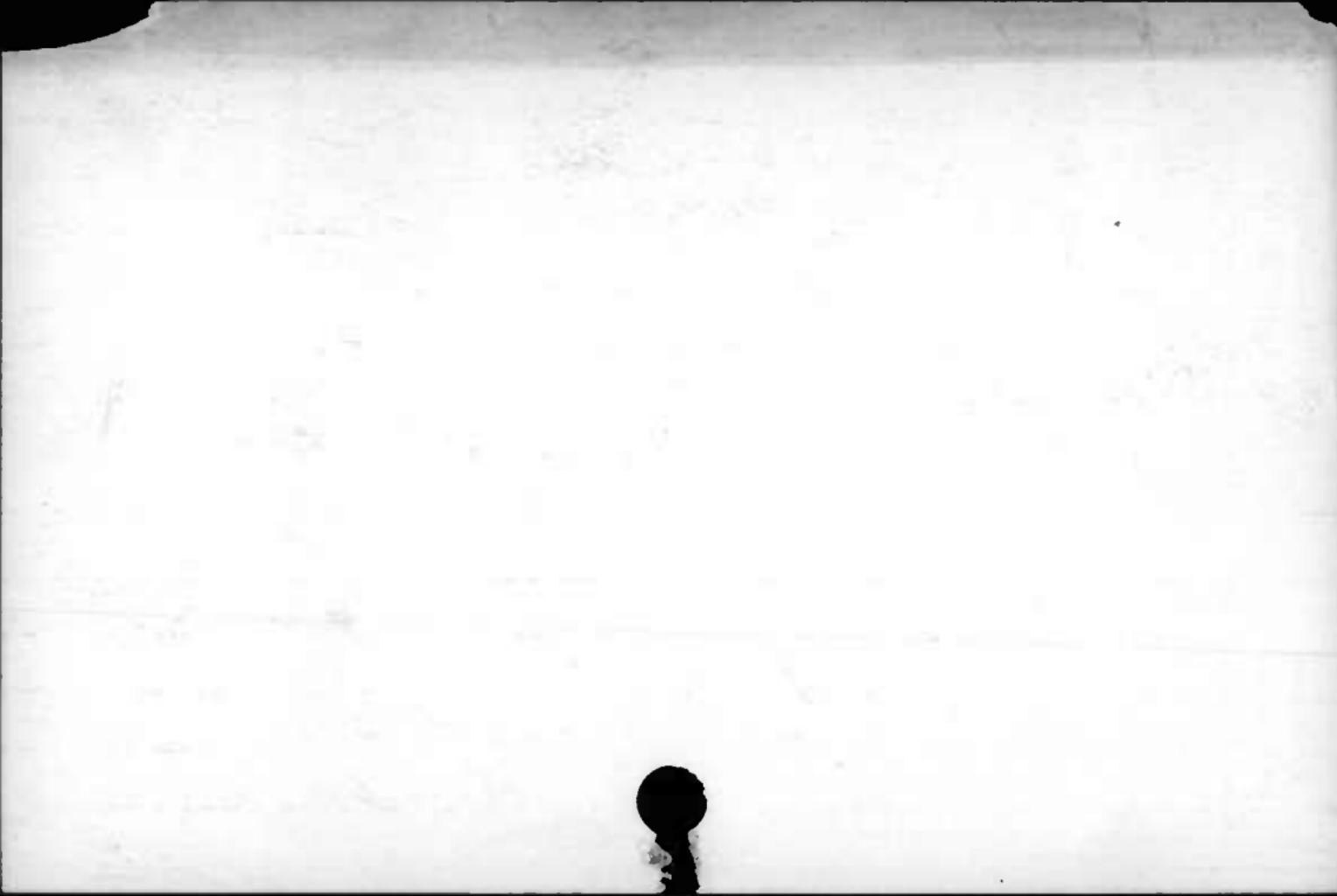
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Huntingtown</u>		Town <u>Calvert</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>17</u>	Years <u>64</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Cal. lew.</u>	
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Jacob Ray</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Jacob Ray</u>		Father's Birthplace <u>Cal. lew.</u>		
Father's Name <u>Robert Gray</u>			Mother's Birthplace <u>" "</u>		
Mother's Maiden Name <u>Susan Chase</u>			How related to deceased <u>Husband</u>		
Name of person giving information <u>Jacob Ray</u>					

## CAUSES OF DEATH

Primary	<u>Fall from Buggy</u>	How long
	<u>Black</u>	How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide? <u>Accident</u>		



Name  
in  
Full

George Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1905 May 8

Age 58

Sex

Man

Color or  
Race

Color

Birth-  
place

Calvert County

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married Name of Wife or  
Husband

Father's  
Name

Thomas Gross

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Emma Hutton

Mother's  
Birthplace

Calvert Co

Name of person giving  
Information

Nat Johnson

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Heart failure

How long

Immediate



How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

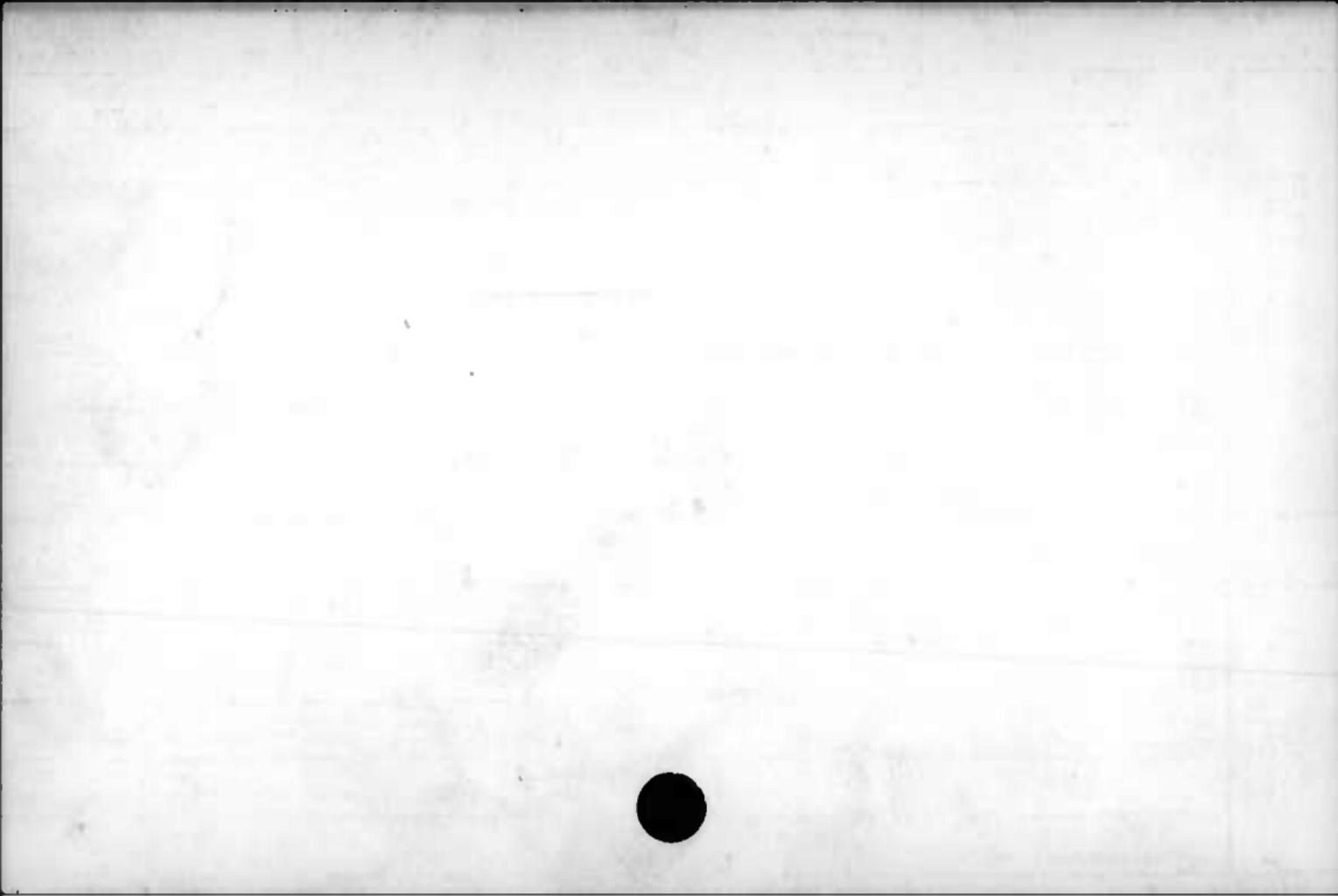
Signature of  
Physician

J. Frank Leedy

Address

Baltimore

Accident or Suicide?



Name  
in  
Full

Maria Louise Groves

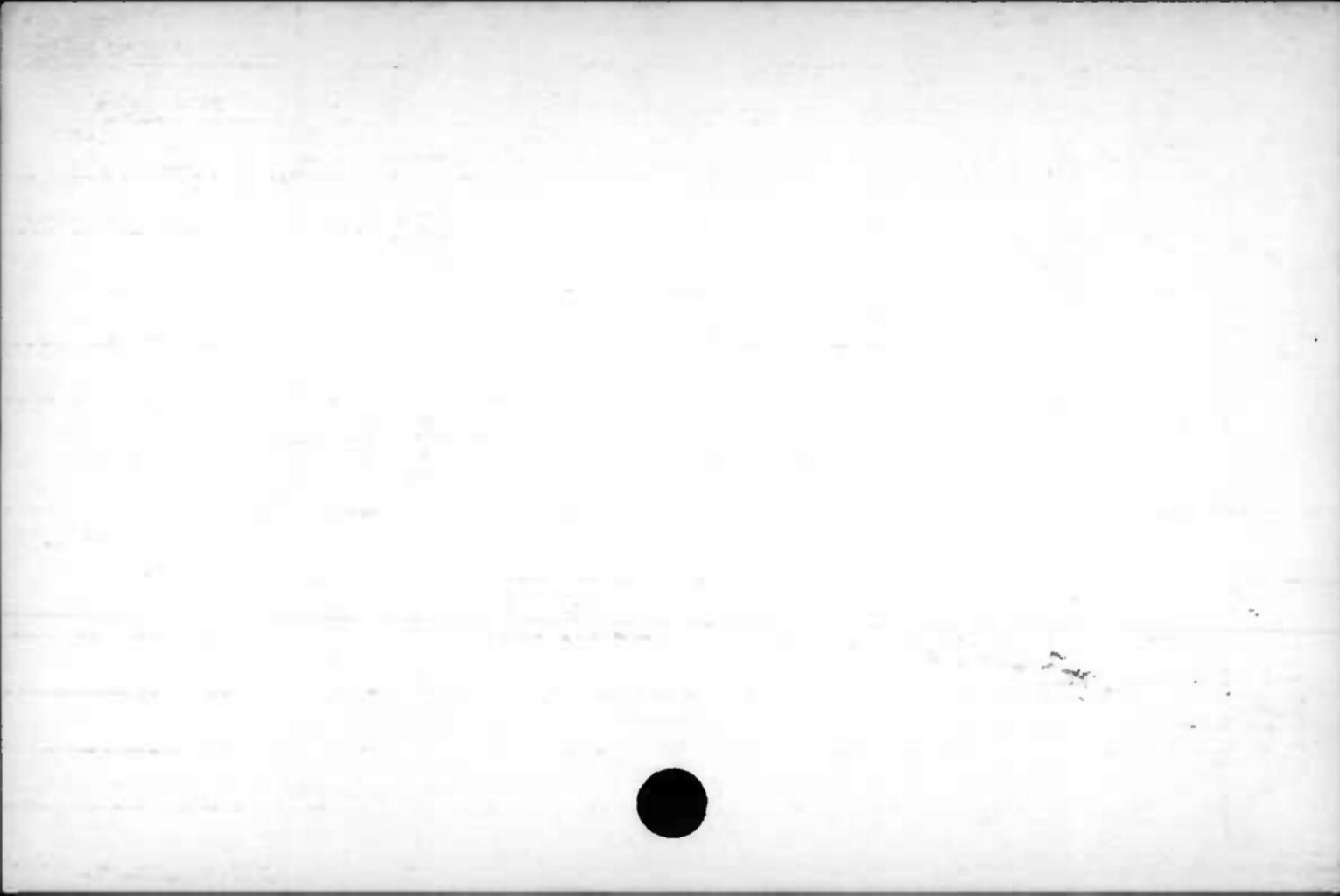
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Age	Birthplace	Days	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Groves		Father's Birthplace	Calvert Co	
Mother's Maiden Name	Dorisella Taylor		Mother's Birthplace	Calvert Co	
Name of person giving Information	Dorisella Groves		How related to deceased	mother	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long	about 5 mos
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	Dr. F. Chambers MD
			Address	Lusby, Calvert Co
Accident or Suicide?				



Name  
in  
Full

Still Born infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>nearby rural</u>		Town <u>Calvert</u> County		MARYLAND		
Date of death <u>1905 May 14</u>	Month <u>May</u>	Day <u>14</u>	Age	Years	Months	Days
Sex <u>female</u>	Color or Race <u>colored</u>	Occupation		Birth-place <u>Calvert Co</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>John C. Johnson</u>		Father's Birthplace	<u>Calvert Co</u>		
Mother's Maiden Name	<u>Sarah R. Gross</u>		Mother's Birthplace	<u>"</u>		
Name of person giving Information	<u>Sarah R. Gross</u>		How related to deceased	<u>sister</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still born</u>	How long <u>5</u>
Immediate		How long

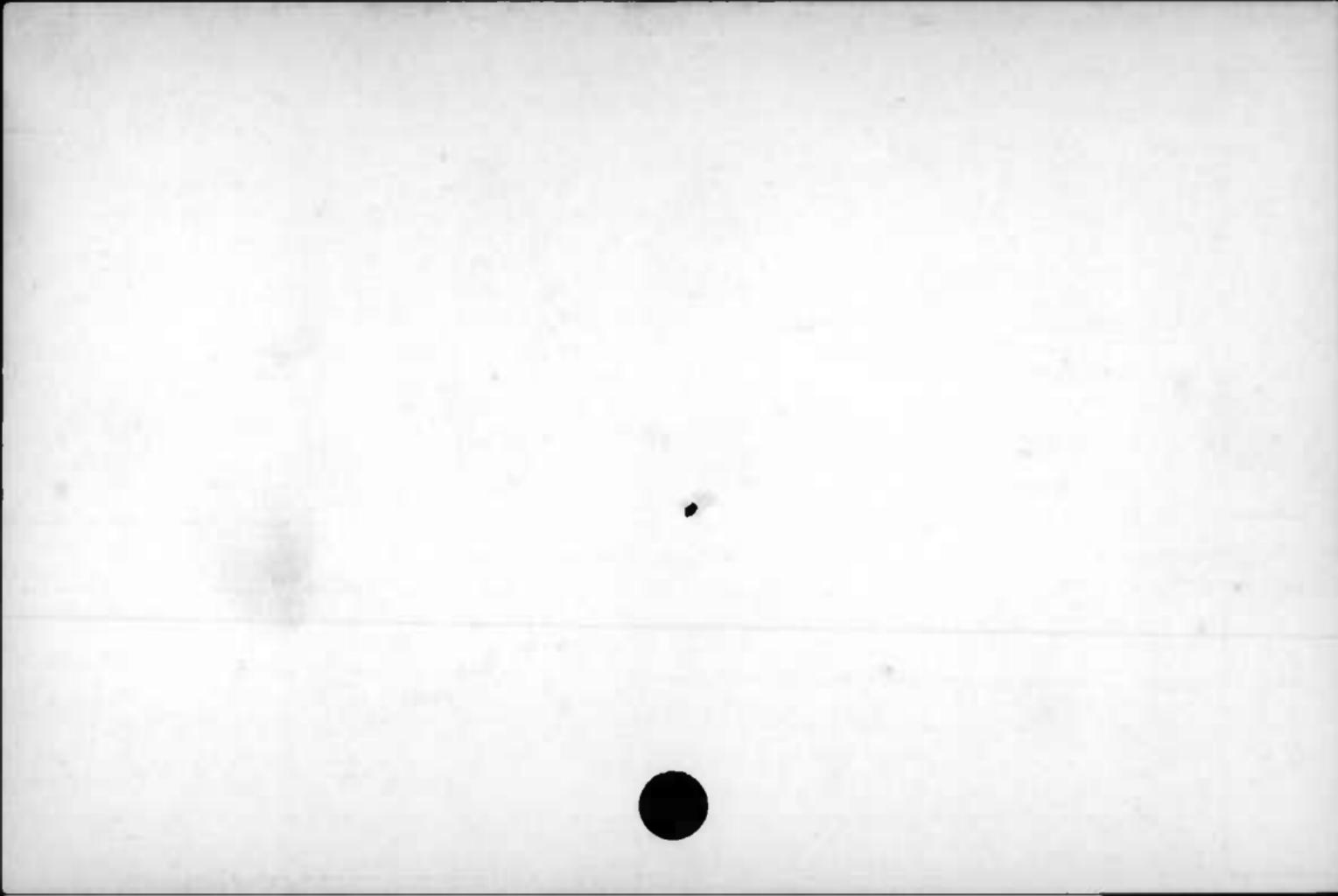
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

E. Brooks & Sons



Name  
in  
Full

Martha Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Calvert	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John B Smith	Father's Birthplace	Calvert Co		
Mother's Maiden Name	Martha Baker	Mother's Birthplace	n "		
Name of person giving Information	John B Smith	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

not known

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

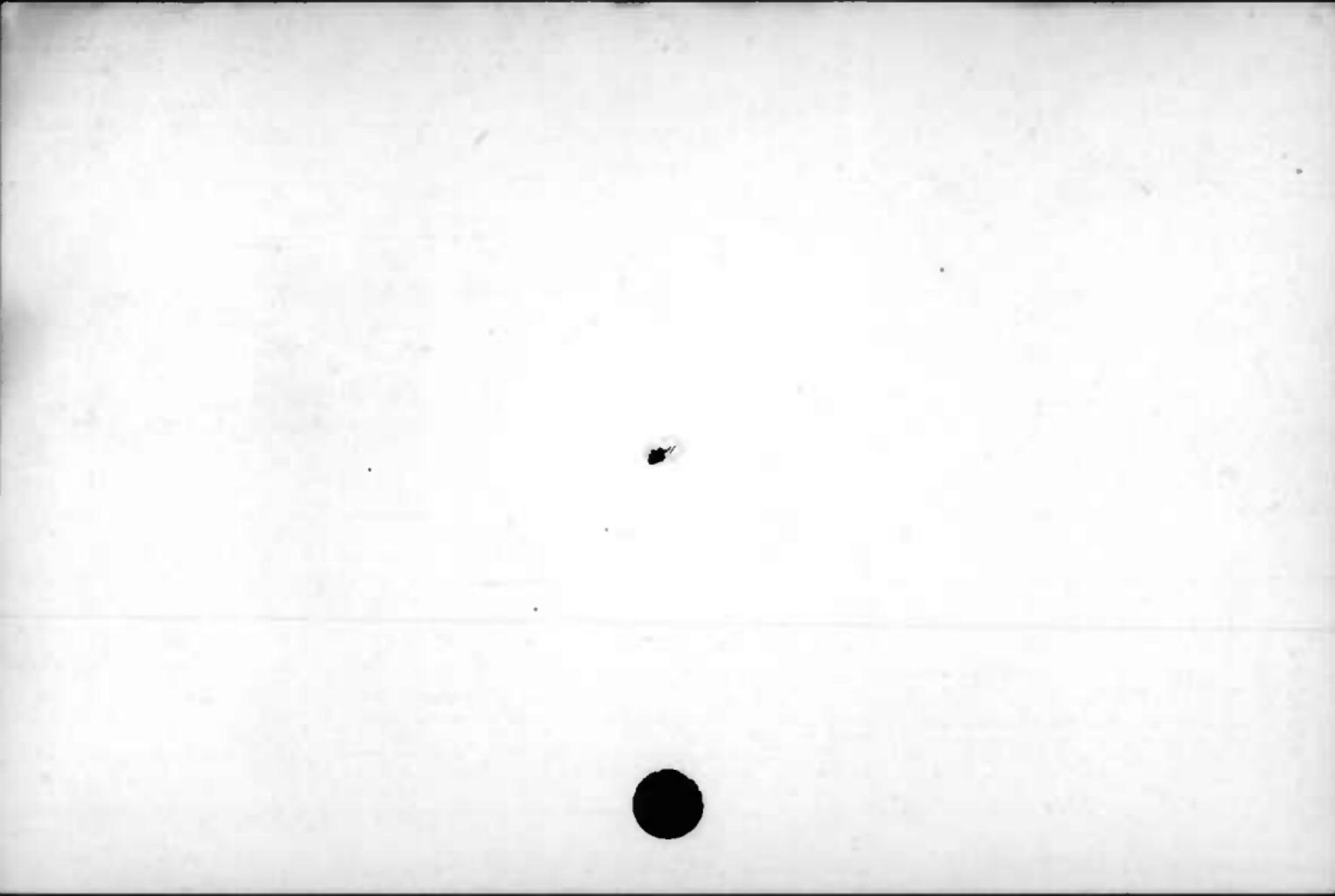
Signature of Physician

Address

17a

Accident or Suicide?

J. Brooks & Bros



Name  
in  
Full

Lillian Gross / Mabel Sonne

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lurby -</u>		Town		County <u>Calvert</u>			
Date of death <u>1905</u>	Month <u>May</u>	Day <u>1</u>	Years	Months		Days	
Sex <u>Boy &amp; Girl</u>	Color or Race	<u>Colonial</u>		Birth-place <u>Subby -</u>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <u>Rob. Sonne</u>		Father's Birthplace <u>Calvert</u>					
Mother's Maiden Name <u>Gilla Gross</u>		Mother's Birthplace <u>Calvert</u>					
Name of person giving information <u>R. P. Boffard</u>		How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

art gross -

How long

1 day

Immediate

gross

How long

1 day -

Are the name, age, sex, color, date and place correctly given above?

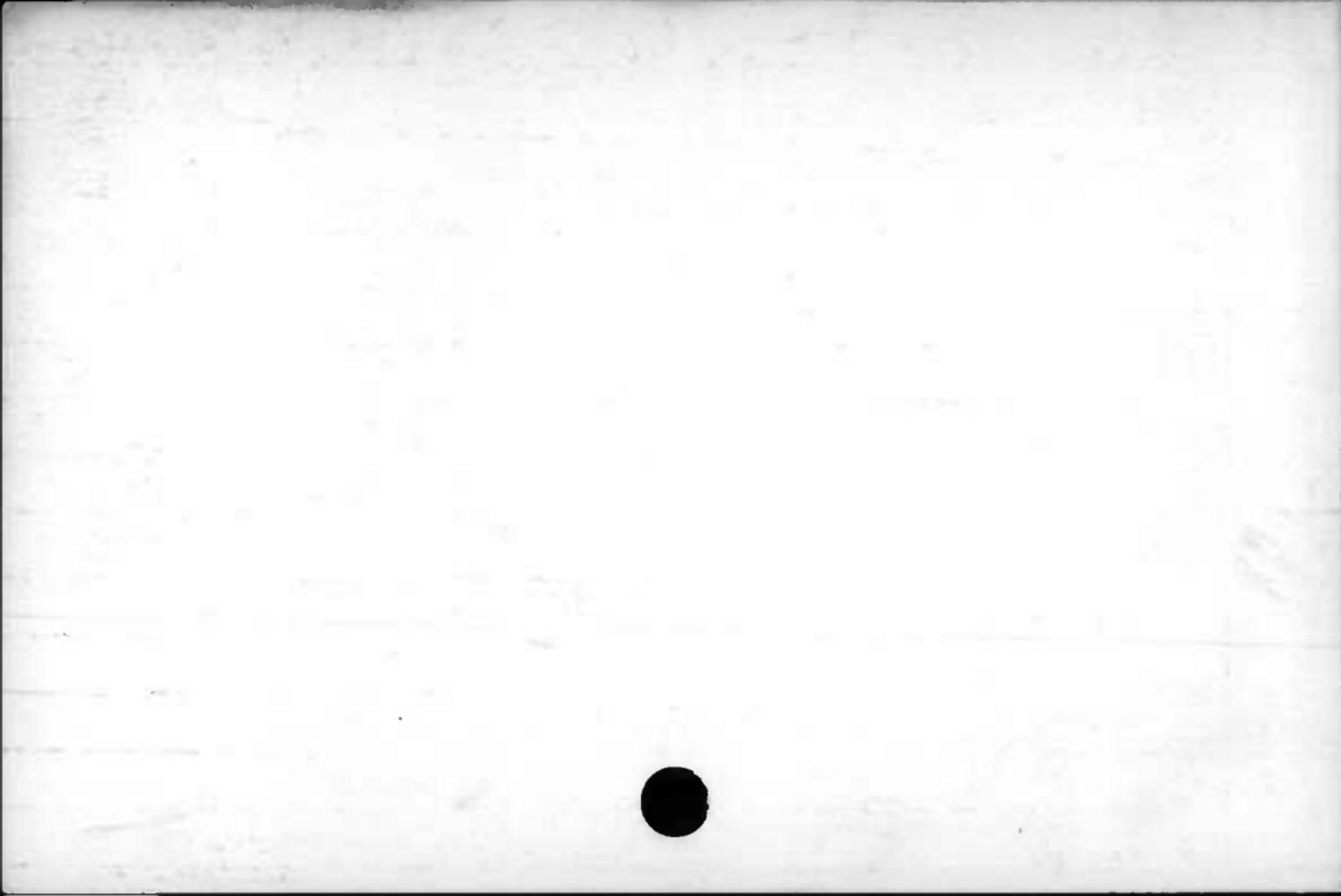
Signature of Physician

Address

R. P. Boffard

Montgomery

Accident or Suicide?



Name  
in  
Full

Richard Weems

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Cove Point

County

Calvert

MARYLAND

Date  
of death

Month

1905 May

Day

1st

Years

---

Months

---

Days

9

Sex

Male

Color or  
Race

Colored

Birth-  
place

Calvert co Md

Occupation

---

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Richard Weems

Father's  
Birthplace

Calvert co

Mother's  
Maiden Name

Mary Elizabeth Glassow

Mother's  
Birthplace

Calvert co

Name of person giving  
Information

Eliza Diggs

How related  
to deceased

Aunt

CAUSES OF DEATH

Primary

Heavy Cold

How long

7 day

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

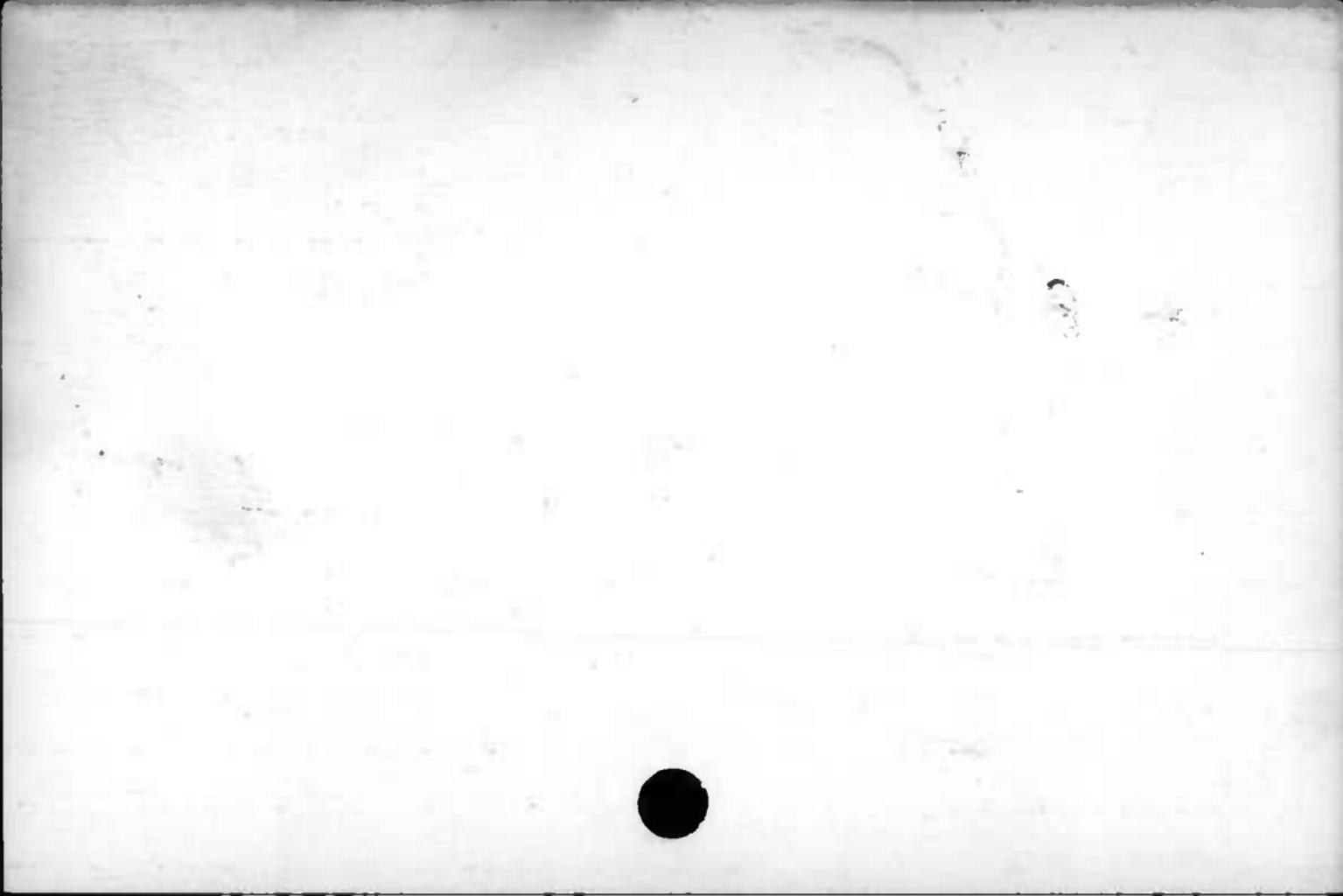
Jos L Tucker undertak

Address

Cove Point

Accident or Suicide?

Calvert co Md



Name  
in  
Full

Elmer Ethelbert Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Lusby		Calvert					
Date of death 1905	Month May	Day 27	Years --	Months --	Days 4 1/2		
Sex Male	Color or Race	White	Birth- place		Calvert Co		
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name	William J. Wilson		Father's Birthplace		Calvert		
Mother's Maiden Name	Angela Hardesty		Mother's Birthplace		Calvert		
Name of person giving Information	William J. Wilson		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inflammation of Cord

How long

2 days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

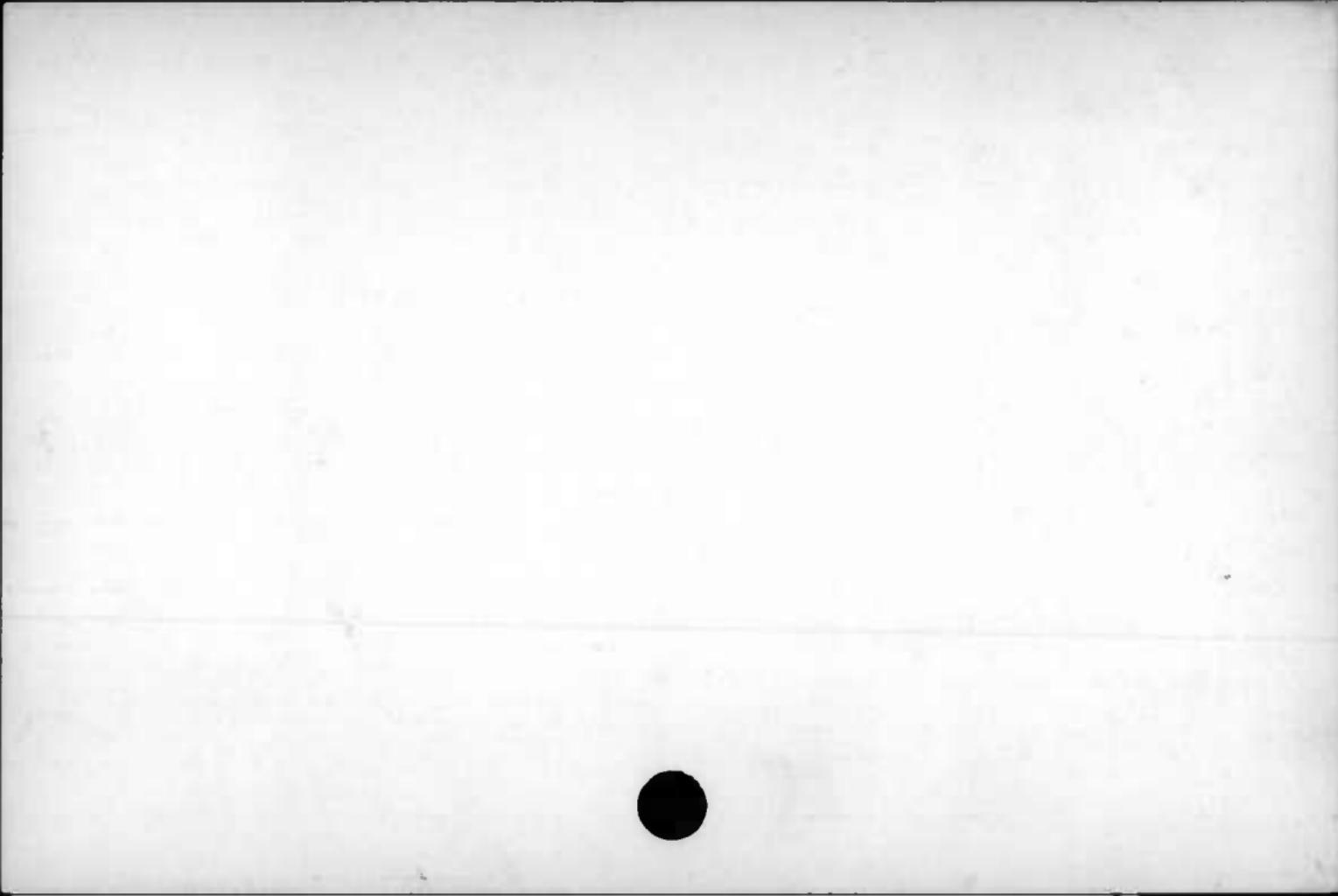
Dr. L. Tucker Anderson

Address

Box Point Calvert

Off

Accident or Suicide?



Name  
in  
Full

Elizabeth Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY

1 NEAREST FRIEND

Died at <b>Browns Island</b> Town <b>Baltimore</b> County			<b>MARYLAND</b>		
Date of death <b>1905</b>	Month <b>May</b>	Day <b>19</b>	Age <b>74</b>	Years	Months <b>—</b> Days <b>—</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Baltimore</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Browns Island</b>			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>None</b>	<b>Elizabeth Young</b>			
Father's Name <b>Joseph W Sterling</b>	Father's Birthplace <b>Scotland</b>				
Mother's Maiden Name <b>Sophie Sterling</b>	Mother's Birthplace <b>Washington</b>				
Name of person giving information <b>Josie Young</b>	How related to deceased <b>Son</b>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

**Francis Lushy**  
**Baltimore**

Accident or Suicide?

**Heart depression**

